

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

— Horace, Book ii, Ode iii.

## JOURNAL.

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AUGUST 1ST, 1935.

PRICE NINEPENCE.

### CALENDAR.

Fri., Aug.	2.—Prof. Witts and Prof. Gask on duty.
Mon., "	5.—Bank Holiday.
Tues., "	6.—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri., "	9.—Dr. Hinds Howell and Mr. Wilson on duty.
Tues., "	13.—Dr. Gow and Mr. Girling Ball on duty.
Fri., "	16.—Dr. Graham and Mr. Roberts on duty.
Tues., "	20.—Prof. Witts and Prof. Gask on duty.
Fri., "	23.—Lord Horder and Sir Charles Gordon-Watson on duty.
Tues., "	27.—Dr. Hinds Howell and Mr. Wilson on duty.
Fri., "	30.—Dr. Gow and Mr. Girling Ball on duty.
Tues., Sept. 3.—	Dr. Graham and Mr. Roberts on duty.
Fri., "	6.—Prof. Witts and Prof. Gask on duty.
Tues., "	10.—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri., "	13.—Dr. Hinds Howell and Mr. Wilson on duty.
Tues., "	17.—Dr. Gow and Mr. Girling Ball on duty.
Fri., "	20.—Prof. Witts and Prof. Gask on duty.
Tues., "	24.—Lord Horder and Sir Charles Gordon-Watson on duty.
Fri., "	27.—Dr. Hinds Howell and Mr. Wilson on duty.

### EDITORIAL.

"**W**ELL, it's very sad to see the old place tumbling down. Still—Progress and all that, I suppose." It was the soliloquy of the older generation, overheard at the Fountain's edge. He was watching the rapid dissolution of the South Wing, dying Phoenix-like in the smoke of destruction, an inadequate hose trying vainly to subdue the clouds of dust. To him it was the sad curtain to two hundred years' history; to the other younger watchers it was a spectacle to be observed with the same interest and amusement as they would the antics of the goats on the terraces of Regent's

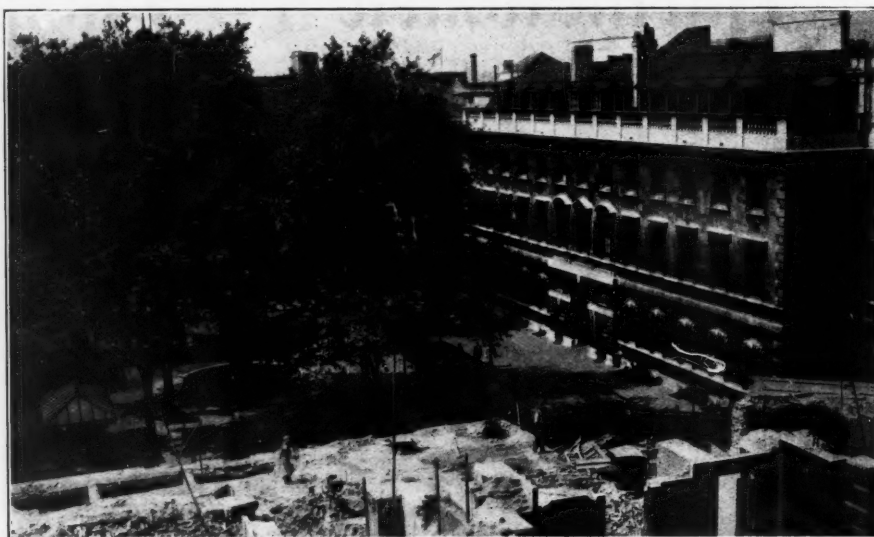
Park. Within a few weeks the whole building will have vanished and the complete extent of the new Surgical Block will be visible from the Square, as rapidly and for ever to be obscured by the new King George V Block.

On the opposite side of the Square the old Theatres which were working until recently, when they were occupied by the Appeal Department, have disappeared. A deep crater marks their site in preparation for the buildings of the new Cancer Department.

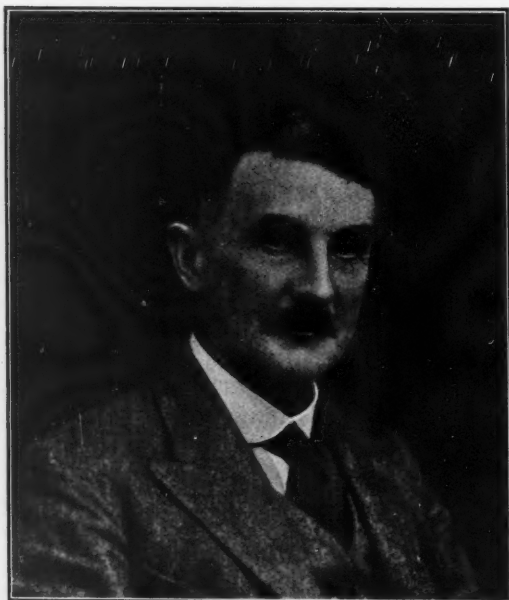
This turmoil and clamour add to the general confusion naturally associated with the summer holidays, when large parts of the Hospital are surrendered to the scrubbers and cleaners. Neighbours are also busy, and in the surgical wards the voice of the nervous dresser feebly pits itself against the Goliath din of pneumatic drills. The lot of the stay-at-home and the sick is therefore not altogether a happy one, nor as restful as one would desire. The West Wing is that closed this year for cleaning, and the adjacent Chemical Laboratory is being emptied of its apparatus and its benches for removal to the new site. Advantage of the vacation is also taken for the much-needed renovation of the Abernethian Room; it is hoped that there will be an improvement also in the treatment given to the new furniture and equipment.

In the Charterhouse chaos prevails in a frantic endeavour to prepare the new College in time for the next session. It is difficult to envisage the state of the finished buildings because outward show is being sacrificed temporarily in order to prepare the laboratories and theatres for use in October. Already, however, the new buildings give an impression of space and modernity that is a welcome contrast to the old accommodation. We hope, when the change is complete, to give a full and illustrated account of the new College.

\* \* \*



The retirement of members of the Senior Staff is usually preceded by the ceremony of the last round and



the last lecture, to mark the event. An ordeal, possibly, for the individual, it is an opportunity for his Hospital to show its appreciation and regard.

Occasionally, however, the departure from a life's work is as quiet and unobtrusive as that work, and

it is only suddenly and with a shock that the gap is noticed.

Such has been the retirement of the Senior Anæsthetist of the Hospital, Dr. C. F. Hadfield, and his genial presence will be greatly missed by his many friends.

He came to the Hospital from Cambridge with the Shuter Scholarship and qualified in 1904. Since that time he has been a prominent figure in the Hospital, and popular with all that have come into contact with him, student and colleague alike. His favourite pursuit was reflected in his position as President of the Student's Union Alpine Club.

We wish him good success in his future work.

\* \* \*

The Old Students' Dinner will take place on November 5th in the Great Hall of the new College in Charterhouse Square. His Royal Highness the Prince of Wales has graciously consented to be present.

\* \* \*

Sir Archibald Garrod has been awarded the Gold Medal of the Royal Society of Medicine. The award is made triennially to a scientist, man or woman, who has made valuable contributions to the science and art of medicine. The previous medallists have been Sir Almroth Wright, Prof. Sir Gowland Hopkins, Prof. Haldane, Sir Henry Head and Sir Thomas Barlow.

\* \* \*

Sir Walter Langdon Brown has been appointed Harveian Orator for 1936 by the Royal College of

Physicians. He has also been made a vice-chairman of the Committee of the Medical Society of Individual Psychology.

\* \* \*

The award of the Bisset Hawkins Medal has been made to Sir George Newman for his distinguished services to public health, and more particularly for the leading part played by him in the institution of social medical services.

\* \* \*

Sir Charles Gordon-Watson has been elected Vice-President of the Royal College of Surgeons.

\* \* \*

The Duke of Kent has appointed Dr. Alexander E. Gow to be Physician-in-Ordinary to his household.

\* \* \*

The new Diploma in Anæsthetics was granted under the special conditions of the regulations to Dr. C. F. Hadfield, Mr. H. E. G. Boyle and Dr. F. T. Evans.

\* \* \*

Hunterian Professors for next year include Mr. A. M. Boyd, who will lecture on the peripheral circulation in occlusive and spasmodic diseases of the vessels, and Mr. G. C. Knight, to lecture on intestinal strangulation.

\* \* \*

At the Annual Meeting of the British Medical Association, to be held in Melbourne this year, of the fourteen sections, the following have St. Bartholomew's men as presidents:

*Medicine*: Lord Horder.

*Surgery*: Sir Thomas Dunhill.

*Orthopædics*: Professor Hey Groves.

*Public Medicine*: Sir Henry Gauvain.

Mr. McAdam Eccles and Mr. F. C. Pybus also intend to take part in the discussions.

\* \* \*

The Medical Research Council and the Agricultural Research Council have appointed Dr. Norman F. Smith as Joint Secretary of the Joint Tuberculosis Committee.

\* \* \*

Mr. C. K. Vartan has been elected to take Mr. John Beattie's place as Resident Assistant Physician-Accoucher to the Hospital.

\* \* \*

Mr. B. Rait-Smith has been temporarily elected to fill the vacancy created by Dr. C. F. Hadfield's retirement from the Staff.

\* \* \*

Dr. R. Knox has been appointed a Demonstrator of Pathology by the University of Cambridge.

\* \* \*

A Travelling Scholarship for 1935-36 has been awarded by the Medical Research Council to Mr. J. E. A. O'Connell on behalf of the Rockefeller Foundation of New York.

\* \* \*

We have received the following in reply to verses with the same title appearing in the June issue:

N. G.

*(With apologies to Gilbert.)*

Though not exceedingly clever,  
I could write like that for ever.

N.G. stands for nothing good:

Diehards stand where Rahere stood.

Alas, I know that is so.

X-rays need the use of brain,  
Diehards think that nothing's sane,

Cancer is a word to crab,

And its proper sphere the lab.

Diehards think that is so.

\* \* \*

**We have been asked to announce the following important changes in House Appointments, taking effect from November next. There will be five Casualty House Physicians and five Casualty House Surgeons appointed for each three months. The selection of Junior House Physicians and Surgeons from next May will be made from those who have held the Casualty posts in the preceding six months. Applications must be received on or before Saturday, September 7th.**

\* \* \*

The Annual Dinner of the Seventh Decennial Contemporary Club took place as usual on the first Wednesday in July, at the Trocadero Restaurant, under the genial chairmanship of Dr. G. H. R. Holden, the Mayor of Reading.

This club, for many years the senior of the surviving contemporary clubs of St. Bartholomew's, and now in the fifty-second year of its existence, has still a large and active membership. No less than twenty-six diners were present on July 3rd.

The health of the Chairman was proposed by Mr. Albert Lucas, of Birmingham. On the proposition of the Senior Honorary Secretary, Sir James Berry,

seconded by Sir D'Arcy Power, Dr. Roland Danvers Brinton, of 37, Argyll Road, Kensington, W. 8, was unanimously, and by acclamation, elected to the post of Junior Honorary Secretary, recently vacated by the lamented death of Dr. John Gay.

Membership of this Club is open to all who as students entered St. Bartholomew's Hospital between the years 1875 and 1885, inclusive, and who subsequently obtained a qualification to practice.

The entrance fee is 2s. 6d. and there is no annual subscription.

\* \* \*

At a meeting of the Eighth Decennial Club on June 26th Sir Charles Gordon-Watson and Sir Walter Langdon Brown were elected Secretaries in place of Sir Holburt Waring and Dr. Morley Fletcher.

## OBITUARY.

### MR. F. A. ROSE.

**I**N the death of Frank Atcherley Rose, Consulting Surgeon for Diseases of the Throat, St. Bartholomew's has lost a human link with that rare concrete evidence of the advance of medicine, the foundation of a new department. For it was in 1907 that the new Nose and Throat Department was founded, and he assisted Mr. Douglas Harmer in its organization. This association continued until the retirement of the latter, when he took charge of the department until his own retirement two years later.

He was born on October 5th, 1873, the third son of Mr. Edward Paine Rose, of Bedford. He was educated at Bedford Modern College, and in 1892 went up to Cambridge, gaining a science scholarship to St. John's College. There he obtained first-class honours in the Natural Science Tripos and the Shuter Scholarship to St. Bartholomew's. He qualified in 1902 and received the F.R.C.S. in the following year. While he was studying for the latter examination his coach complained that he knew more surgery than he himself knew, and he made a similar impression upon Sir Henry Butlin and Mr. C. B. Lockwood, for whom he was house surgeon. It was probably the influence of the former that led to his specializing in laryngology. In connection with the latter, it is of melancholy interest that on the day preceding his death he had sent a message asking for the copies of the JOURNAL containing Lockwood's biography.

He was a Demonstrator of Pathology under (then) Prof. Andrewes, and he never lost his interest in that particular branch of his work. Other appointments included Resident Medical Officer at the Metropolitan Hospital and, later, laryngological surgeon to the Royal Northern Hospital and at Golden Square.

In the great advances that the past twenty-five years have seen in his subject Rose took a keen interest, and his opinion and work were valuable on account of his aptitude for distinguishing the good and the bad.



Photo: Elliott & Fry.

By kind permission of the 'Lancet'.

As a surgeon he was a highly skilled operator, working with a slow caution that was greatly to the advantage of his patients. Both in private and in hospital practice he disliked too many cases. His demand for accuracy in others was evident in his own work, and this, with his keen, logical mind and his great knowledge of surgery, made him a leader in his branch. He was for a time president of the Laryngological Section of the Royal Society of Medicine.

He wrote very little, preferring to watch and take advantage of the work of his contemporaries, proving its worth by his own work rather than by written words. At his lectures a large attendance was evidence of his attractive ability.

He married in 1912 Marian Elizabeth Darling, the daughter of Dr. A. C. E. Harris, of Birkenhead. She died in 1919, survived by one son and a daughter.

On his death those who had the privilege of his friendship were unanimous in expressing their appreciation of his life and work, and the great loss, both to themselves and to the profession in general, that his death had brought.



## A PIRATE AND HIS PHYSICIANS.

**W**HAT follows below are the notes made on a case attended in the year 1687 by Dr., afterwards Sir Hans Sloane. At the age of 27 the young doctor, already a Fellow of the Royal Society, was appointed personal medical attendant to the second

the buccaneers, plunderer of Panama City and finally Lieutenant-Governor of Jamaica. The doctor, who was also to become a distinguished man, President of the Royal College of Physicians, a baronet, President of the Royal Society, physician to Queen Anne and later to King George II, founder of the Botanic Garden at Chelsea and originator of the British Museum, was the author of *A Voyage to the Islands of Madeira, Barbadoes,*



Duke of Albemarle, when he was made Governor of Jamaica.

Throughout a considerable inquiry into the lives, exploits, downfalls and deaths of pirates, this is the single occasion upon which I have come across any clinical account of the illness of a pirate made by a physician.

The patient in this case was a remarkable man, being no other than the great Sir Henry Morgan, leader of

*Nieves, St. Christopher's and Jamaica*, from which the following particulars are taken:

"OF THE DISEASES I OBSERVED IN JAMAICA AND THE METHOD BY WHICH I USED TO CURE THEM.

"Sir H. M. aged about forty-five, lean, sallow coloured, his eyes a little yellowish, and belly a little jetting out or prominent, complained to me of want of appetite

to victuals, he had a kecking or reaching to vomit every morning, and generally a small looseness attending him, and withal was much given to drinking and sitting up late, which I supposed had been the original cause of his present indisposition. I was afraid of a beginning of a dropsie, and advised him to an easie vomit of *oxymel. scill.* with the help of a feather, and thin watergruel, fearing *vin. emet.* might disorder him too much by putting him into a looseness, or too great evacuation. After that I gave him some Madera wine, in which the roots of gentian, tops of centaury, etc. had been infused, with which vomit, it working easily, and the bitter wine taken every morning for some days, he recovered his stomach, and continued very well for a considerable time. Not being able to abstain from company he sat up late, drinking too much, whereby he not only had a return of his first symptoms, but complain'd he could not make water freely. His water was thick and very red, and his legs swell'd a little. When these symptoms appeared, Doctor Rose and I being join'd, we ordered him an electuary of *cassia*, oil of juniper, *cremor. tart.* and other things to purge easily the watery humours, enjoyn'd temperance, and desired the continuance of his former medicines. This course did very well with him, but making but very little water, and being much troubled with belchings, and a cough in the night, he sent for another doctor, who, when he came, was of opinion that his disease was a timpany, and that the swelling of his belly came only from wind, according to *Hippocrates*, and that he was troubled with neither the beginning of a dropsie, nor had gravel. I told him later observations upon the dissection of deceased *morbid* bodies, had discovered the bellies of people dying of supposed timpanies, to be distended with water, and no more wind than what is supposed to be the effect of phlegm, and crude humours lying in the stomach and guts. I desir'd him that we should put off talking of the theory, and come to the practice, that perhaps we might very well agree in the medicines he should take, as it very often happens to physitians, who may disagree in the theory, and yet agree in the practice. I waited on Sir H. and told him Dr. Rose's and my opinion, which agreeing, he was satisfied therewith. We gave him all manner of diuretics, and easy purgers we could find in Jamaica, linseed and juniper-berries, infus'd in rhenish-wine, *milleped. ppd.* in powder, juniper-water, advis'd him to eat juniper-berries, us'd oil of scorpion, with *ung. dialth.* outwardly, by which means he recovered again. On intemperance he fell into great looseness, threatening his life, which by an opiat, etc. at night we stopt, and he enjoy'd his health for some time longer very well. Falling afterwards

into his old course of life, and not taking well any advice to the contrary, his belly swell'd so as not to be contained in his coat, on which I warn'd him of his very great danger, because he being very weak, and subject to a looseness, there was no room for purging medicines, which seem'd to be the greatest remedies for his dropsie, threatening his life, seeing diuretics did not now produce the desired effect. On this alarm he sent for three or four other physitians, who, I was told, said he had no dropsie, because his legs did not swell, the reason of which was, because he lay in a *hamac* with his legs up, and us'd very little exercise. They advis'd him to a *cataplasma* of vervain of this country, etc. for his swell'd belly, and would have given him a vomit next morning, but that was an unlucky day, as indeed it had in all likelihood been to him, if he had taken it, for he fell naturally by only the *cataplasma* into a very dangerous looseness, which had almost carried him off; so the thoughts of this proceeding was put off. He chang'd soon his physitians, and had first a black, who gave him clysters of urine, and plaister'd him all over with clay and water, and by it augmented his cough. He left his black doctor, and sent for another, who promis'd his cure, but he languished, and his cough augmenting died soon after."

Next month will appear the curious case of Mrs. R—, a tavern-keeper's wife, about forty years of age, fat and phlegmatic, who, upon excessive drinking of brandy, was taken with a lethargy, inclining to an apoplectic fit.

PHILIP GOSSE.

## A CONTEMPORARY ACCOUNT OF A POST-MORTEM EXAMINATION OF A VICTIM OF THE GREAT PLAGUE.



It is now 270 years since the last great outbreak of plague in this country, and the probability of another appears to diminish with successive years. Yet with the comparatively recent re-invasion of the City by the originally old-established black rat (the possible carrier of the infection), it is perhaps worth recalling one of the notable incidents of that day.

So far as I know, only one account of a post-mortem of a patient dead of the epidemic has come down to us. This was written by George Thomson, M.D., one of the devoted band of medical men who remained in London during the whole outbreak. He was attacked by the

disease no less than three times, but by the use of what he describes as "chemical remedies" he recovered, and was able to pursue his avocation. He is vastly contemptuous of the Galenists, and ascribes many deaths to their lack of care, or rather to their ignorance. No doubt whatever he, too, had his failures, but he says very little about this.

The description of what he found in the body which he dissected may be read in a little book called *Loimotomia*. This was published in the succeeding year, just about the time of the Great Fire, so that it is by no means easy to come by. My own copy is imperfect, but most fortunately the description of the post-mortem, and a remarkable frontispiece showing him performing it, are both present.

About the man himself there appears to be little known. Mr. Walter Bell, in his book on the Plague (*the authority on the general history of the epidemic*), has no account of the man himself, though he tells us much about his work, and that of many other practitioners who stood by their jobs in that terrible time. Consequently I can only say that he describes himself as M.D., but does not mention his university. Of course it was a common practice for any unqualified practitioner to call himself M.D., and this may be a case of that kind, but if ever a man deserved a degree *honoris causa*, Thomson did. His investigation, carried out at enormous risk to himself, a risk which he perfectly comprehended, was carried out in a spirit of pure scientific curiosity, and for the satisfaction of "all inquisitive persons", as he declares himself. In the state of knowledge of that time, we cannot expect much in the way of a profound pathological report, but within his limits, the account is both clear and properly reported. His findings do not differ much from what one would expect in the case of a patient dying from a very acute febrile disease.

And now let George Thomson, M.D., speak for himself.

"AN HISTORICAL ACCOUNT OF THE DISSECTION OF A  
PESTILENTIAL BODY.

"In the year 1665, a most ruefull time as ever London suffered in this kinde, when the Sickness swept away many Thousands in a week in the Moneth of August, I visited a lusty proper man, by name Mr. Wil : Pick, living in Peticoat-Lane, grievously wounded with one of those poisonous Arrows that flew thick about poor Mortals: so that his condition seemed to be almost desperate, and finding no relief at all from those frivolous and vain preparations a Galenist had exhibited to him usque ad nauseum: was in some short space preserved by Chiminal Remedies: the poison being therewith

excluded, and the Archeus of the Stomack redeemed from captivity. At the same time there lay a Servant of Mr. Picks, a youth about 15 years of age, labouring under most horrid symptomes, raving as it were extimulated by some Fury; which Tragical Interlude was quickly terminated by a mortal Catastrophe. Upon this, I took occasion to request my then recovering Patient his Master, to grant me liberty to open this defunct body; for my own instruction, and the satisfaction of all inquisitive Persons, to which having given him some perswasive reasons to that purpose, he strait condescended, yet not without some jealousy and kind fear lest I should do my self injury; upon his concession I being much exhilarated in my spirits having obtained that desire which was often denied me by those who pretended several excuses, I girt up myself with all expedition, getting in readiness what Instruments were fitting, with a porringer containing Sulphur to burn under the Corps, which was at that time placed in the open air in a yard there adjacent, which for several respects was very convenient; and for my better accommodation, a Servant by the permission of the foresaid Master was ready to afford me his service, in opening the Coffin nailed up, and administering some other things necessary for my design. The head of the Coffin being taken off, and the linnen cleared away, I could not but admire, to behold a skin so beset with spots black and blew, more remarkable for multitude and magnitude than any I have yet seen; some of which being opened, contained a congealed matter, in one more shallow, and in another more deep. Here I conceived something more than of ordinary Rarity might be discovered; wherefore perforating the Membrane that involves all the rest, I made entrance into the lowest venter or Region, where appeared a virulent Ichor, or thin liquor variously coloured, as yellow, greenish, &c. the small guts being much distended with a venemous flatus, did contain a great quantity of a foul scoria or dross in them, but they were not, as some apprehended, outwardly spotted as the skin, only some obscure large markes were made in their inward part, as likewise in the stomach, arising from the poisonous liquamen therein lodged. The Vena Porta and Arteria Cœliaca being divided, afforded only a serous liquor, no rubified juice at all, that which was enclosed in these vessels, was a firmly congealed substance of a very dark colour, the Parenchyma of the Liver being separated was very palid, and did straight weep and send out a thin yellowish excrement. The Spleen dissected, appeared more than ordinary obscure, a livid Ichorous matter following the Incision: the Kidneys laid open abounded with a Citrine water, but altogether exanguine, as likewise the other viscera; at length I

came to that most excellent usefull part, the Stomack, whose tender membranes when I had divided, a black matter like ink did shew itself, to the quantity (as nigh as I could guess) of a wine pint, somewhat tenacious and slimy: the inward membrane of the Ventricle was much discoloured, but the bottom thereof not perforated, as Helmont found in the like case: in such a manner (sayes he) as if a potential cautery had been applied therto. Having sufficiently lustrated and viewed the lower venter, I ascended to the middle, and making a divulsion of the sterne from the Mediastinum, I intently beheld the superficies of the Lungs, stigmatized with several large ill favoured marks much tumified and distended: the inward of which being pertunded with my knife, a sanious dreggy corruption issued forth, and a pale Ichor destitute of any blood, for which I searched by cutting this Organ of respiration into various particles, but could find none but a dirty coagulation, which Hippocrates calls *βαρβορωδης*, in the branches of Vena and Arteria Pulmonica. After this I disparted the descending Trunck of the Cava, and the Artery called Aorta, expecting some considerable emanation of blood there, if any where, that might make a little inundation, but no such thing succeeded, for only some very few spoonfulls of a thin liquor of a pale hew came forth which might easily be licked up by a small handkerchief. Dissecting these pipes secundum rectitudinem, I found them stuffed with a thick curdled blackish substance, which once laid hold on might be drawn out to some length. Next I separated the Pericardium, that robust coat that circumsolves the Heart, replenished with a deeply tinged yellow liquor: Then having opened the right cavity of the Heart, I therein found a white congealed matter, extracting which with my fingers, and narrowly viewing it, I could not compare it to anything more like, than a Lamb-stone cut in twain, which the Servant beholding, standing nigh, easily assented to in his Judgment. To render a sound reason of this albidified coagulation in this right Ventricle of the Heart, may perhaps puzzle a good Physiologist. For in all those cadavers I ever saw dissected, this hollow receptacle did still contain a blackish blood condensed, arising from a stoppage of the Circulation of it first in that place. Now the most probable cause (as I conceive, with submission) of this unwonted white substance, may come from a sumption of meer crude milk, which an indiscreet Nurse had given this youth not long before he died, part of which passing out of the stomach little altered, might be conveyed, upon a pinch and stress to preserve life, through the Venæ lacteæ in the Mesenterie, or some shorter passages into the subclavian vessels, and there entering the right cavity of the Heart, be (for want of *το διμα ποιητικον*,

that sanguifying power, and that material transmuting ferment attending it) changed according to the capacity of the Matter by a virulent preternatural ferment, into this seeming glandulous flesh. 'Twas strange to behold instead of candid, a black fuliginous matter, fitting only for the infernal stomach of the Dogg Cerberus inclosed in one ventricle, that publike shop and treasury of life, that ought to be furnished with all manner of utensils requisite for the sustentation of this little world: and in another a white innocent lamb like juice lodged, instead of a duskie concreted clot of gore, and all this proceeding from the deletery ferment of this Heteroclite poison; which, that I may give you a further account, had so altered the substance, texture, consistence, and colour of that Solar Nectar contained in those curiously contrived Pipes, veins, and arteries, that I may truly say not one spoonful of that ruddy liquor properly called blood could be obtained in this Pestilential body, being partly congealed, and partly colliquated into a Tabum or filthy matter: Which I have experimentally found to be the usual effects of those poisons I have given to some Creatures, whose carcasses I have afterward dissected."

D. A. H. MOSES.

## DIVERTICULA OF THE COLON.\*

(Continued from p. 193.)

The diverticula are at first small protrusions of the mucous membrane through the fibres of the circular muscle coat. They occur in two positions in relation to the bowel circumference, at the mesenteric edge of the two lateral tæniæ. Thus in early cases they appear in two rows, but as the condition advances, further diverticula are seen in the anti-mesenteric portion between the tæniæ. This is the condition of "simple diverticulosis", giving rise to no symptoms and only diagnosed radiologically. This stage is said by some to be preceded by the "prediverticular state" discovered by X-ray examination in patients under observation for other conditions, or in parts of the colon proximal to that in an advanced stage of the disease. Its existence is doubted by many, and a small proportion only of the cases go on to diverticulosis. It is described as being an area of the bowel in which normal segmentation is replaced by a ragged irregular outline on the X-ray plate, and represented by localized patches of inflammation and rarefaction of the muscle coat.

The incidence of the "silent" stage of diverticulosis is much greater than was formerly supposed. In one

\* An abstract of the Bentley Prize Essay, 1934, on "Diverticula of the Alimentary Tract".



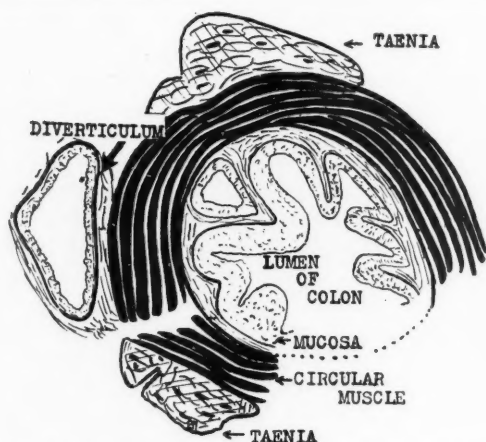


FIG. 3.—A transverse section of the colon showing a diverticulum. The characteristic blood-vessel at its apex was not seen in this specimen. From a section of the same case as Fig. 2.

series it occurred in 100 patients out of 1000 presenting themselves for examination of the bowel to the radiologist (16).

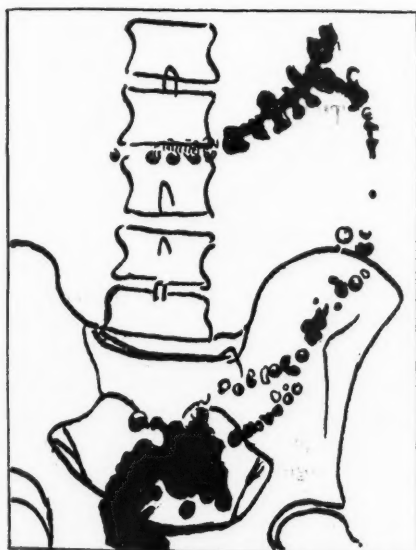


FIG. 4.\*—Barium residues after emptying the bowel showing the two rows of diverticula.

The diverticula so formed are in danger of complication by any of the conditions which affect their law-abiding and legitimate relation, the appendix, but to a more serious degree on account of the virulence of their contents, the nature of their structure, their multiplicity, and the persistence of the pathological state which gave them birth.

\* These and the following similar figures were reduced from X-ray paper negatives by means of pantograph tracings.

The association of constipation, so common in those past middle life, the age at which the condition almost invariably occurs, causes the formation of faecoliths. These have been known without any previous symptom to perforate the thin wall on occasions of strain or violent motion—the aptly termed “pop-gun” perforation—and to lead to a rapidly fatal peritonitis. There may be *acute inflammation*, leading to gangrene, perforation and abscess formation, or a general invasion of the abdomen—the so-called “left-sided appendicitis”. These acute attacks are fortunately rare, as there is usually a certain amount of inflammatory fibrosis. Much more common is the “*subacute*” form, the patient giving a history of mild pricking pains, with occasional attacks of greater severity. Inflammatory changes are due to the irritation of the contents, and to the invasion of bacteria or their toxins through the atrophic mucous membrane. Succeeding attacks or a continual low-grade chronic inflammation produce great thickening and tumefaction. Examination of the literature and of museum specimens seems to indicate two types of chronic diverticulitis, or rather, pre-diverticulitis, for the structure of the pouches seem to be little changed. The bowel-wall may become indurated and fibrosed, without its girth being much increased; this might be termed the circumscribed form. In the second type there is a diffuse adhesive hyperplasia, producing a large mass with a structure difficult to determine, and adherent to neighbouring organs. It is this latter form that produced those cases with symptoms referable to the genital or urinary tract, particularly in women. The circumscribed form tends to imitate carcinoma by producing symptoms of stenosis. Indeed the diagnosis can be so difficult as to deceive the expert, even on laparotomy, as occurred in a case in this series. The intermittent attacks of inflammation cause the size of the tumour in either type to vary, and this is an important point in the differential diagnosis. Relief of the obstruction by colostomy also produces diminution, and this probably accounts for the phenomenon so mystifying to the old surgeons, and called by Bland-Sutton “the spontaneous disappearance of abdominal tumours” (24).

The most distressing complication is the *formation of fistulae*. An abscess formed in relation to a leaking diverticulum finds its way into the adherent organ or to the skin. Entero-cutaneous, entero-colic, vesico-colic, uretero-colic, vagino-colic fistulae have been reported, and even an intractable ischio-rectal fistula has been found to be due to this cause.

At any stage adhesions may form, and these may cause obstruction by “kinking” or volvulus, as with those arising from any other condition.

The clinical groups thus formed are the symptomless diverticulosis, acute uncomplicated diverticulitis, acute diverticulitis with perforation, recurrent acute or "subacute" diverticulitis, chronic diverticulitis with or without perforation, and peridiverticulitis forming the groups with urinary symptoms, with "pelvic" symptoms in women, with the various forms of fistula, and that with a tumour and intestinal obstruction.

The symptoms are for the most part indefinite. In the unusual acute attack, however, and in the active phases of the chronic, the history and course closely resembles appendicitis, though the symptoms are generally referred to the left side. In many cases the diagnosis may be difficult, and in one of this series, after careful consideration, laparotomy was performed for acute appendicitis when there had been a sudden perforation of a diverticulum.

In two of the series there were no symptoms referred to the bowel and the condition was only found post-mortem. As a rule there is a history of vague discomfort and flatulence even in the "silent" phase of diverticulosis. Robert Hutchison has said, in reference to "the Chronic Abdomen" and its occurrence in women, "the abdominal man is by comparison a rare bird" (11). In any man over forty, therefore, who suffers from chronic pain or abdominal discomfort, the possibility of diverticulitis should be considered, especially if this occurs in the "left lower quadrant". The pain is less acute than in appendicitis, owing to the absence of muscular spasm, and is described in such terms as "pricking" or "niggling", and often just as a dull discomfort or "dragging". It is aggravated after meals and on going to stool, owing to the mass movement of the gastro-colic reflex and defaecation. Purges add to the patient's discomfort.

There is usually much flatulence and sometimes distension, but, in spite of accounts to the contrary, statistics of a large series show constipation to be less common than in a control age-group. An alternation of constipation and diarrhoea is commoner. The stools vary, and in cases of stenosis are said to be "wire-drawn" or in ribbons, but pellet formation is more usual, and small scybala in diarrhoea have been mistaken for calculi. Concretions removed post-mortem from diverticula are often quite stony in their hardness.

The chronic cases represent the bulk of patients that require treatment. They can be resolved into groups with more or less definite syndromes. The commonest is the *obstructive type*. Gradually increasing constipation, perhaps with alternating diarrhoea, with attacks of mild pain in the left iliac fossa are the chief symptoms. It is in this group that the greatest difficulty is often experienced in differentiating from malignant disease.

The chief points in the history are, usually, its length; its intermittent character, with possibly a story of a tumour forming which disappears after attacks of pain or constipation; the early appearance of pain often as the first or only symptom; and the maintenance of a general good nutrition over a long period, although patients very often give "loss of weight" as a symptom, and in some cases there is even emaciation, but this is a late event. The pain is generally the first symptom instead of the tumour or the constipation of malignant

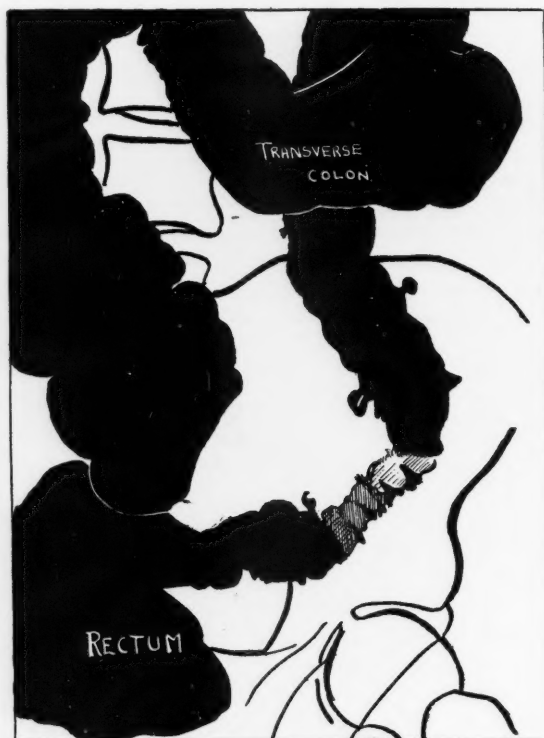


FIG. 5.—Pantograph tracing of X-ray plate showing obstructive diverticulitis. Three large diverticula also seen.

growth. The presence of blood and mucus in the stools gives no definite indication, but it is less usual in diverticulitis, as the mucous membrane is rarely affected. The pyrexia and leucocytosis are in favour of a benign cause. Radiology is often of little help, as diverticula may not show in the event of much inflammation, but a large area of diminished filling and an irregular haustration or spiky outline are in favour of diverticulitis. Sigmoidoscopy only exceedingly rarely gives positive evidence of diverticula—Sir Charles Gordon-Watson has seen the open mouths of diverticula three times. This is not surprising when it is so difficult to

see the mouths even with a fixed specimen in one's hands, on account of the rugosity of the mucous membrane. Negative evidence is useful in the elimination of malignancy.

Other diseases simulating obstructive diverticulitis may be mentioned, only to be ruled out on account of either their rarity in that part or the absence of supporting evidence. Tuberculous hyperplasia, actinomycosis, syphilitic stricture and fibromatosis are among these.

A common group is the one with the *urinary symptoms* of frequency and pain. Cystoscopy often reveals an area of localized cystitis where there is contact with the sigmoid or an abscess. It has been suggested in view of the danger of a fistula that a prophylactic colostomy be performed if the cystitis is intense. There may, however, be no definite cystitis, and the symptoms may be due simply to traction or pressure of the bladder on the diverticulous mass.

That diverticulitis is the commonest cause of vesicocolic fistula is an aphorism which has only been understood since Telling's paper, in spite of the fact that in 1890 Harrison Cripps proved in a series of 63 cases that 45 were inflammatory and only 9 of malignant origin.<sup>(12)</sup> It is, however, often very difficult to differentiate in any given case. Cystoscopy is not very helpful on account of the local oedema and cystitis, but it may be possible to see the evidences of malignant ulceration.

The third group is that with *pelvic symptoms in women*. Prof. Monro Kerr said in 1928, "Of the rarer inflammatory lesions in the female pelvis, none is of greater interest than diverticulitis" (13). Some authorities go as far as saying that an examination of the pelvic colon is as important as any other in the differential diagnosis of pelvic inflammation or tumour. Shoemaker quotes cases with the symptoms of gynaecological disease which proved to be diverticular in origin (14). Sometimes the pelvic symptoms fill the whole picture, even without any reference to alimentary disturbance. They are due to the frequent involvement of the uterus and adnexa in the peridiverticular inflammation. The condition is to be considered in all cases of pelvic symptoms or tumour in those who have passed middle age.

D. W. MOYNAGH.

(To be concluded.)

## CLINICAL METHODS.

### LUMBAR PUNCTURE.

The technique of lumbar puncture in most cases offers no difficulty, but there are a number of important points which are commonly forgotten, but which well repay careful attention.

The puncture is most conveniently done with the patient lying on the side and the back curled up as much as possible. As a rule a general anæsthetic is unnecessary. In children, if there is any difficulty a towel carried from behind the knees to behind the neck will usually enable sufficient flexion of the trunk to be maintained. With the patient in as comfortable a position as possible, the highest points of the iliac crests are marked; the line joining these two points crosses the mid-line at or about the interval between the third and fourth lumbar vertebra. Usually there is a wider space between the second and third lumbar vertebra, and it is often easier to make the puncture in that space. The overlying skin is carefully cleaned with ether and anæsthetized with novocaine. There is no need to inject the local anæsthetic into the deeper tissues, and after the skin has been well infiltrated the next step is the actual lumbar puncture. For this a stout sharp needle is essential, and it is important to use a kind to which a manometer can be attached. The needle with the stylette in position is pushed gently through the anæsthetized skin, into which a small incision may be made with advantage to the patient and the point of the needle. The needle is directed towards the mid-line of the body, but pointing slightly upwards (that is, towards the head). As a general rule a useful landmark to aim at is the umbilicus. It is as well to proceed slowly, withdrawing the stylette to see whether any fluid flows out, and then gently pushing the needle on until fluid is struck. In this way it is possible to avoid the accident which more than anything else may render the lumbar puncture valueless—the occurrence of traumatic hæmorrhage from a blood-vessel on the anterior surface of the theca.

If these precautions are observed, a clear colourless fluid will be obtained, which usually comes at the rate of about one drop per second, but may gush out if the cerebro-spinal pressure is greatly increased. But this is no accurate guide to the true pressure, and the only way in which to be certain of this is to measure it with a manometer. As soon as fluid is found the manometer is attached so that fluid runs up it to a level which gives the pressure of the cerebro-spinal fluid in millimetres of c.s.f. Normally this is about 120 mm., but there are quite wide variations. But it is important to know not only the actual pressure, but the existence of any interference with the drainage of cerebro-spinal fluid. By applying and releasing pressure on the veins of the neck, first on one side and then on the other, it will be found that the level of the fluid in the manometer rises and falls. This is known as Queckenstedt's sign, and is absent whenever there is interference with the drainage of cerebro-spinal fluid, as in lateral sinus thrombosis and conditions of spinal block such as occur in tumour of the spinal cord.

The fluid obtained is examined by the routine methods for its cytology, its chemistry and its bacteriology. It is not proposed to describe these methods here, but there are one or two points which are worth attention:—

(1) The exclusion of traumatic hæmorrhage: If, in spite of the precautions described, the fluid is found to contain blood, it is important to know whether this is due to local trauma in the puncture, or is the result of the disease or injury from which the patient is suffering. If the blood has only recently reached the subarachnoid space—as for example in a recent subarachnoid hæmorrhage—it may be impossible to tell; but as a rule blood from purely local trauma will become less and less as fluid is drawn off until finally a clear fluid is obtained, whereas in a subarachnoid hæmorrhage the blood will be present throughout the lumbar puncture. If hæmorrhage into the subarachnoid space has occurred less recently, centrifugalization of the fluid will show a yellow colour in the supernatant part.

(2) The examination of the fluid must be carried out as quickly as possible. This is particularly important in cases where meningococcal meningitis is suspected, as the meningococci may be hard to find and will not grow if the fluid is left in the cold for long. Speed is also important if an accurate cell-count is to be done, as clotting of the fluid makes a cell-count valueless.

(3) Finally it is as well to know what quantities of cerebro-spinal

fluid are needed for different investigations. For the cytology, chemistry and bacteriology, 6 c.c. is the minimum—2 c.c. for chlorides, 2 c.c. for protein, 1 c.c. for sugar, 0.5 c.c. for globulin, a few drops for cytology and for bacteriology—though it is far more satisfactory to keep one whole tube for the bacteriology alone, as cultures and films should be made from the centrifuged deposit. The Wassermann reaction and Lange gold curve can be done with about  $\frac{1}{2}$  c.c. each, so that a complete examination can be carried out with 7-8 c.c. of fluid, unless half quantities are used for the chemical tests. R. K.

## STUDENTS' UNION.

### CRICKET.

#### ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

Played at Winchmore Hill on Wednesday, June 26th. For this game the Hospital had a very scratch side in the field. The difficulty of getting out a consistently full-strength side has been particularly marked this season.

Guy's batted first and scored 180. O'Gorman made a very good 64, and Lowrey, batting late, a hard-hit 34, when Guy's seemed likely to be dismissed for a moderate total. Cochrane took 5 wickets for 35.

Bart's lost the first three wickets for 4 runs, and from this initial blow never recovered. Grossmark batted with a very keen eye to defend his wicket and score 15. The rest of the side put up little resistance and were all out for 71. It was a poor performance even by so scratch a side.

R. C. Dolly, b Young	16	S. T. Rutherford, b Skea	11
D. R. S. Howell, lbw, b Skea	1	S. W. Perrott, b O'Gorman	0
W. M. Capper, b Skea	0	G. H. Darke, not out	7
J. R. Simpson, b Young	1	F. Ramsay, b Young	0
S. Grossmark, b O'Gorman	15	Extras	12
J. Craig Cochrane, c Brown, b Wyld	7	Total	71
P. M. Elder, st Brown, b O'Gorman	1		

Overs.	Mdns.	Runs.	Wkts.
15	2	35	5
18	2	46	2
7	—	23	—
2	—	11	—
5	1	21	1
1	—	—	1

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Played at Thames Ditton on Saturday, June 29th. The Old Paulines won the toss and batted first, Dixon and Farrel putting them in a strong position, scoring 56 before Dixon was unluckily run out. Our bowling was treated with considerable disrespect, Capper alone keeping a good length and taking 3 for 40. At tea-time they declared at 180 for 7. The Hospital, with the sole exception of North—23—batted deplorably, and were all out for 67.

No excuse can be made for such a weak display against only mediocre bowling, unless it be that several regular members had preferred the Air Pageant at Hendon.

R. C. Dolly, b Dixon . . . . .	0	R. Mundy, c and b Black . . . . .	4	
M. H. Harmer, c Taylor, b Ormiston . . . . .	11	J. J. Slowe, b Baker . . . . .	3	
J. North, lbw, b Ormiston . . . . .	23	J. D. Wilson, c Berg, b Black . . . . .	5	
W. M. Capper, c Tyndall, b Ormiston . . . . .	0	J. R. Simpson, not out . . . . .	0	
W. M. Maidlow, b Dixon . . . . .	0	D. R. S. Howell, b Baker . . . . .	0	
J. Barnett, lbw, b Black . . . . .	7	Extras . . . . .	14	
		Total . . . . .	67	
Overs' Mdns. Runs. Wkts.				
Mundy . . . . .	7	1	29	—
Simpson . . . . .	17	2	50	1
Dolly . . . . .	7	1	22	—
Harmer . . . . .	7	1	20	2
Capper . . . . .	10	1	40	3

#### ST. BARTHOLOMEW'S HOSPITAL v. SHOEBOURNNESS.

Played at Shoeboourness on Saturday, July 13th. The Hospital batted first on a fast wicket, but lost Dransfield for only 5. Runs were never easy to get against steady bowling from Redding—fast medium, and McEvoy—slow leg break. Brown batted steadily until after lunch for 45, collecting 20 in one over off McEvoy, and Maidlow a quick 27. Heyland looked set for a big score, but was caught after making 17. The innings closed for 150. The Garrison began confidently, but Simpson, who bowled extremely well throughout, sent back Godby, caught wicket at 20. McEvoy and Nightingale carried the score to 75 before the latter was beautifully caught by Brown in the deep, who covered a lot of ground in making the catch. Redding and McEvoy remained together and hit off the necessary runs to give them victory by 6 wickets.

C. M. Dransfield, c Tod, b McEvoy	5	R. Heyland, c Tod, b Rolfe	17	
D. J. A. Brown, c McEvoy, b Redding	45	W. M. Maidlow, c Redding, b McEvoy	27	
R. C. Dolly, c Onglery, b McEvoy	11	D. R. S. Howell, c Johnstone, b Rolfe	1	
C. R. Morison, c Johnstone, b Redding	14	J. R. Simpson, not out	6	
M. H. Harmer, c McEvoy, b Redding	4	A. R. Royston, lbw, b McEvoy	3	
R. Mundy, lbw, b Redding	1	Extras	16	
Total		150		
Overs.		Mdns.	Runs.	Wkts.
Mundy	13	1	43	2
Simpson	15	2	41	1
Morison	8	—	30	2
Dransfield	6	3	43	3
Maidlow	2	—	20	1

#### ST. BARTHOLOMEW'S HOSPITAL v. METROPOLITAN POLICE.

Played at Imber Court on Saturday, July 20th. The side fielded was again a poor one, and was dismissed by the Police for a very low score, even allowing for a wicket which was lively, and at times almost dangerous. Play throughout the day was interrupted by rain.

The Hospital batted over two hours for a total of 68, more by failing to connect with the ball than by active defence. Dolly batted pluckily for 21 after twice being hit on the elbow by rising balls. Of the remainder only McEwen scored double figures.

The Police played the only game the wicket would allow, fiercely attacking the bowling, and to such good effect that they scored the necessary runs for the loss of only one wicket—which was run out! Pettigrew's batting was delightful; in one over he took 22 runs.

A very half-hearted performance by the Hospital.

C. M. Dransfield, c Boyall, b Ould . . . . .	1	C. G. Nicholson, lbw, b Haines . . . . .	1
J. McEwen, b Ould . . . .	11	J. Craig Cochrane, b Boyall	2
J. North, c Oliver, b Ould .	7	W. T. Ross, run out . . .	5
R. C. Dolly, c Boyall, b Haines . . . . .	21	S. T. Hayes, not out . . .	1
C. R. Morison, c Haines, b Boyall . . . . .	7	D. R. S. Howell, c Pettigrew, b Haines . . . . .	3
R. Mundy, c Fullwood, b Boyall . . . . .	0	Extras . . . . .	9
		Total . . . . .	68
		Overs. Mdns. Runs. Wkts.	
Cochrane . . . . .		5 . 1 . 23 . —	
Mundy . . . . .		6 . 2 . 28 . —	
Nicholson . . . . .		4 . — . 21 . —	

### SWIMMING CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

The Swimming Club played an interesting water-polo match against Guy's at Lavington Street Baths on the occasion of the Guy's Nurses' Gala.

Bart's were represented by one of their strongest teams, and played well against an opposition which had to be made up with two reserves. The game was rather one-sided, but full of good movements, and resulted in a win for the Hospital by 6 goals to 1 (Newbold 3, Sutton 3).



C. M. Dransfield in goal played a very safe game, and was well covered by P. Quibell, A. C. Kanaar and P. Saltman. The weakest point in the team was the shooting of the forwards, especially that of the wing men. If they had taken all their chances the score would have reached double figures.

*Team.*—C. M. Dransfield, P. Quibell, A. C. Kanaar, R. J. C. Sutton, P. Saltman, J. C. Newbold, T. O. McKane.

#### ST. BARTHOLOMEW'S HOSPITAL v. EPSOM COLLEGE.

Epsom College were entertained at Fitzroy Square on Friday, May 24th. Unfortunately they were late in arriving and the fixture had to be hurried through. Some very well-matched swimming was seen. A. C. Kanaar and J. C. Newbold represented the Hospital in a 4-lengths race. The four contestants were very much together for the first three lengths, but Kanaar and Newbold pulled well away on the last length, Kanaar just winning from Newbold.

The 2-lengths race was more even, and was won by McLaren of Epsom by about a yard, with McKane and Saltman second and fourth respectively. There was only a touch between second, third and fourth.

Epsom won the one-length race through Purnell, with Dransfield second for the Hospital. At this stage the points were 15 all, and the result depended on the team race and the diving.

The team race provided a very thrilling contest. Saltman started off for the Hospital and was not quite able to keep up with his man. Harald went in second but could not gain anything, and finished up nearly a length behind his opponent. McKane came third and caught up slightly, so that Dransfield, who went in fourth, was only about half a length behind. He gained slightly and Kanaar followed, leaving Newbold about a quarter of a length to make up as the last man. He slowly caught up and was just beaten by a touch. This gave the match to Epsom, leading by 20 points to 15, with only the diving to come.

Unfortunately Goodrich was unable to dive owing to cramp and McKane took his place as reserve. He was easily beaten, and Epsom finished up good winners by 24 points to 17.

*Team.*—C. M. Dransfield, J. C. Newbold, A. C. Kanaar, T. O. McKane, P. Saltman, B. H. Goodrich, Harald.

#### ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

This match, the second of the league fixtures, was played at Paddington on May 27th.

Bart's pressed from the beginning and were generally faster than the opposition. Sutton and Newbold did fine work, and kept the ball always near the St. Mary's goal. In this half Sutton managed to score four goals, and Saltman added a fifth after some clever passing from the Bart's forward line. Half-time came with Bart's leading by five goals to nil, after they had had the greater part of the play.

The final whistle went with Bart's winning by 8 goals to 1. Sutton having scored 6, Newbold 1 and Saltman 1.

West and Dransfield both played an excellent game.

*Team.*—C. M. Dransfield, P. Quibell, West, R. J. C. Sutton, P. B. L. Saltman, J. C. Newbold, T. O. McKane.

#### League Results.

Bart's: Played 2, won 2, lost 0; 17 goals for, 1 against, 4 points.

#### ST. BARTHOLOMEW'S HOSPITAL v. ROYAL DENTAL AND CHARING CROSS.

Newbold lost the toss and Bart's defended the shallow end during the first half. From the start the Hospital attacked, and kept it up throughout the half. Most of the play was between the forwards and half-back, who gave a good exhibition of clever passing. Five goals were scored without reply.

The second half was a repetition of the first, except for one or two attacks early on by the opposition. Four more goals were scored by Bart's over a tired and ragged team, and the final whistle went with Bart's winning by 9 goals to nil.

*Team.*—C. M. Dransfield, P. Quibell, West, J. C. Newbold, P. Saltman, T. O. McKane, A. Payne.

#### League Results.

Bart's: Played 3, won 3, lost 0; 26 goals for, 1 against, 6 points.

The United Hospitals Swimming Club Gala took place on June 29th at Marshall Street Baths, before a large crowd, and provided some excellent swimming—much better than had been witnessed for many years at this function.

The baths were moderately full when the first heat started about ten minutes late. This was a six-a-side team race and was just won by Bart's, with Sutton keeping a safe lead to finish for the Hospital. The second heat was won very easily by St. Mary's in a very fast time, promising a close final between Bart's and Mary's.

The diving followed and was of a very high standard. Unfortunately Bart's, the holders of the Cup, could only turn out one member, D. G. Evans, in the heats, which had been held on the previous Tuesday. Evans came fourth in the heats, thus qualifying for the finals. The diving was won by Parsons, of Westminster, the Southern Counties' champion, with three almost perfect dives. Evans, who was weak in his flight, especially from the lower stages, could only come third, being also beaten by Kamill of Mary's. The Diving Cup went to Westminster Hospital for the first time, after being held by Bart's for three years.

The hundred yards race followed, with Bart's represented by Sutton and Newbold. There was a perfect start and Sutton was just ahead at the final turn, closely followed in order by D. A. Young of Mary's, J. C. Newbold, and C. A. Young of Mary's. The first two went ahead a bit in the last length, Sutton winning from D. A. Young by about a yard, with Newbold a close third. C. A. Young was a fraction of a second behind. The time of 57 secs. was a record, beating the old record also held by Sutton by 2 secs.

An exhibition of spring-board diving was given by the Highgate Diving Club, and was very much appreciated by the spectators as usual. A remarkable dive was performed by a small boy from the top board, and put to shame the efforts of most of the divers we see in our local diving centres.

The final of the fifty yards race was very thrilling, Bart's being represented by Sutton, and Mary's by D. A. Young and M. C. T. Reilly. Young and Sutton were together the whole way, travelling at a terrific speed. Young won by a touch in 24 sec., equalling the record set up by Sutton two years ago. This was the first time Sutton had been beaten in inter-hospital swimming.

A four-a-side nurses' inter-hospital team race followed. Each member had to swim one length. This event was won by Mary's.

The final of the six-a-side race proved to be a fight between Mary's and Bart's, and was won by Mary's by about two yards, mainly due to the fine swimming of D. A. Young. There was very little between the two teams.

More exciting racing was seen when Trinity College, Dublin, just beat a United Hospital side in a six-a-side team race. The United Hospitals were just leading until the last length, when H. A. Daniels, the last Irishman, just managed to snatch a victory by beating C. K. Vartan, who finished for the United Hospitals.

Mary's won the medley race of four-a-side, two breast and two back-stroke swimmers, by a touch from Bart's. Sutton made a magnificent effort in the last length, but was not quite able to catch up.

Bart's turned the tables in the four-a-side race and won comfortably from Mary's. The swimmers had to swim one length, three lengths, one length and two lengths. Sutton, who swam the three lengths, gained several yards, which the others were able to maintain quite easily.

Mary's won the swimming cup by 80 points to 77 points gained by Bart's. This is the first time Mary's have held the cup, which had been held by Bart's for the last five years.

The water-polo cup was won by Bart's under the new league system for the seventh time in succession.

Mrs. Fleming kindly presented the prizes to the various winners, and Mr. Layton, President of the Club, proposed a vote of thanks to Mrs. Fleming, and all those who had helped to make the evening a success.

The final event was a water-polo match between Trinity College, Dublin, and the United Hospitals Swimming Club. The United Hospitals played well together, and won easily. Goals were scored by Sutton, Newbold and McKane from Bart's.

Sixty members attended a supper at Maison Lyons in Shaftesbury Avenue after the Gala.

## ATHLETIC CLUB.

## ST. BARTHOLOMEW'S HOSPITAL V. READING UNIVERSITY V. SOUTHGATE HARRIERS.

This triangular meeting was held on a dull Tuesday evening, June 4th. The Hospital won by a single point from Southgate, who scored 41 points, Reading University scoring 25 points. Actually Southgate was not represented in the 100 yards. It was an exciting finish, which depended upon Reading University backplacing Southgate Harriers for second place in the Pole Vault, which N. P. Shields won with ease at 10 ft.

T. L. Benson ran well for the Hospital, winning both the 100 and 220 yards. The 220 yards was a very good race, only one yard separating the first four men. E. C. E. Bourne, of Reading University, easily won the 440 yards in 54 sec.; throughout the race he was forced to take the lead, and it was not until he reached the finishing straight that he showed his speed, to win by 15 yds. D. Reinold hurdled very well. This is the second time at Winchmore Hill his time has been under 17½ sec., which, until this season, has been the ground record. Unfortunately J. Smart just failed to clear 5 ft. 6 in. in the High Jump, and so was second. The winner, I. J. Boyes, of Southgate, hardly managed to clear the bar, and although he jolted it severely with his shoulder, it remained on the pegs, balancing precariously. D. B. Fraser won the Weight with a putt of 36 ft. 10½ in. Two moderately good Long Jumps need comment: the winner, a Southgate man, jumped 21 ft. 5½ in., while J. G. Youngman, untrained, jumped 21 ft. 2 in. Throwing the Javelin was won by C. M. Dransfield, his distance being 136 ft. 9 in.

Mr. T. H. just kindly acted as Starter during the early part of the evening. After the meeting the two visiting clubs were entertained to supper.

## RESULTS.

100 Yards: 1, T. L. Benson (Bart.'s); 2, H. G. A. Peters (Reading); 3, J. Timewell (Reading). Time, 10½ sec.  
220 Yards: 1, T. L. Benson (Bart.'s); 2, J. Peck (Southgate); 3, C. H. Home (Southgate). Time, 23½ sec.  
440 Yards: 1, E. C. E. Bourne (Reading); 2, R. L. Jordan (Southgate); 3, G. A. Beck (Bart.'s). Time, 54 sec.  
880 Yards: 1, H. R. Pritchard (Southgate); 2, B. W. Berys (Southgate); 3, E. C. E. Bourne (Reading). Time, 2 min. 5½ sec.  
1 Mile: 1, D. R. Anderson (Southgate); 2, B. C. Eeles (Southgate); 3, G. A. Beck (Bart.'s). Time, 4 min. 44 sec.  
120 Yards Hurdles: 1, D. Reinold (Bart.'s); 2, R. Freeman (Reading); 3, R. L. Stean (Southgate). Time, 16½ sec.  
High Jump: 1, I. J. Boyes (Southgate); 2, J. Smart (Bart.'s); 3, A. J. Ward (Southgate). Height, 5 ft. 6 in.  
Long Jump: 1, A. J. Ward (Southgate); 2, J. G. Youngman (Bart.'s); 3, T. L. Benson (Bart.'s). Length, 21 ft. 5½ in.  
Putting the Weight: 1, O. B. Fraser (Bart.'s); 2, G. H. Jan (Southgate); 3, M. G. Henkey (Reading). Length, 36 ft. 10½ in.  
Throwing the Javelin: 1, C. M. Dransfield (Bart.'s); 2, M. G. Hankey (Reading); 3, J. E. Walden (Southgate). Length, 136 ft. 8 in.  
Throwing the Discus: 1, M. G. Hankey (Reading); 2, D. B. Fraser (Bart.'s); 3, J. E. Walden (Southgate). Length, 109 ft. 9 in.  
Pole Vault: 1, N. P. Shields (Bart.'s); 2, M. G. Hankey (Reading); 3, J. E. Walden (Southgate). Height, 10 ft.

## LAWN TENNIS CLUB.

Now that the tennis season has come to a close, we can look back with a certain amount of satisfaction at the results of our efforts. The 1st VI have had a very successful season, having played 10 matches and won 8. Considering that during the season we only once had our full team out, these results are all the more satisfactory. We hope that next season members of the 1st VI will make an effort to turn out more regularly.

Congratulations to the 2nd VI on winning the Inter-Hospitals Junior Cup—they beat Guy's in the final by 6 matches to 3. They thoroughly deserved their victory, as they showed very promising form throughout the season and deserve a special word of praise for the regularity with which they turned out for their matches. Nine matches were played, 8 being won, while 5 were scratched.

The Hospital Tournament was won for the second year in succession by W. D. Park. Players are reminded that their entrance fees are long overdue and payment should be made to the Secretary.

## RESULTS.

## 1st VI.

v. Bank of England, at Priory Lane, on Saturday, June 29th; lost by 6 matches to 3.  
v. Guy's Hospital, at Winchmore Hill, on Saturday, July 13th; won by 6 matches to 3.

## 2nd VI.

v. Melbury Club, at Melbury; lost 6—3.  
v. Guy's Hospital, at Honor Park; won 8—3.

## CORRESPONDENCE.

## AMBULANCE SERVICE FOR ETHIOPIA.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—A British Ambulance Service for Ethiopia is in the process of organization. It is hoped, if sufficient funds are forthcoming, to send out two units, one for service on the northern, and one for service on the southern front. It is proposed that each unit should consist of twelve doctors, ten transport officers and one hundred medical orderlies, together with the necessary transport and equipment. It is not proposed to pay either the doctors or the transport officers any salary, but they will be given an equipment allowance, and all expenses will be paid. The units will leave England in September, but it is probable that reinforcements and replacements will be sent out during the succeeding months.

Volunteers, or anyone desiring fuller information, should communicate with me at the above address.

I remain,

Yours faithfully,

53, Drayton Gardens,  
S.W. 10;  
July 26th, 1935.

JOHN H. MELLY.

## SEVENTH DECENNIAL CONTEMPORARY CLUB DINNER.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Those who, like myself, attended the recent Dinner of the Seventh Decennial Contemporary Club had a thoroughly enjoyable evening, and I am writing in the hope that many more who joined Bart.'s between 1875 and 1885 may be tempted to attend in future years.

It is a very great pleasure to meet one's old friends from all over the country, and revive our memories of the enjoyable years we spent at Bart.'s in the days of Savory, Smith, Willett, Langton and Marsh as surgeons, and Andrew, Church, Gee and Duckworth as physicians. Some of us were even before that time. The only sad note at these Dinners is the occasional gap left by the death of an old friend and regular attendant. This is inevitable, of course, in a Club whose members date from 1875 to 1885. It is very pleasant to see the way the members generally stand their years.

We were twenty-six in number this year, but there are very many more eligible to attend, and I feel sure if they get into touch with our energetic Senior Secretary, Sir James Berry, and join the Club and the Annual Dinner, they will be very satisfied.

The Contemporary Clubs are one of the outward and visible signs of the Bart.'s tradition of pride in being a member of that great Institution.

I am, Dear Sir,

Eastbourne;

July 15th, 1935.

Yours faithfully,

W. G. WILLOUGHBY.

## REVIEWS.

A BRIEF OUTLINE OF MODERN TREATMENT OF FRACTURES. By H. WALDO SPIERS, M.D. Los Angeles, California. (Baillière Tindall & Cox.) Pp. 138. Price 9s.

In the author's own words, which appear in the preface, "this brief outline of the modern treatment of fractures aims to illustrate the fundamentals in bone surgery, and to touch only the high spots in their practical application".

The author has accomplished this aim; but one immediately asks whether such an accomplishment makes for a useful book on fractures. There is not enough practical detail in this book to make it of real use to the house-surgeon or general practitioner who needs help in treating fractures; and for those with some knowledge of fracture surgery there is little that is new. Those students who are beginning their surgical training and have time to read it will find some useful information on the principles of fracture treatment in general as well as the outlines of many of the common fractures in particular.

The author follows Böhler very largely in many of his principles.

We are sorry to see the "foot in axilla" method of reducing a dislocation of the shoulder illustrated and advocated as the most satisfactory. With fractures of the pelvis rupture of the bladder is described as common; but no mention is made of the much commoner rupture of the urethra.

There seems a lack of proportion in the small space devoted to the very common and important Colles's and Pott's fractures.

The book is clearly and simply written. There are numerous line drawings, but many of them seem to be of little value.

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY. 9th Edition, revised by J. C. BRASH and E. B. JAMIESON. (Henry Frowde and Hodder & Stoughton). 3 vols. Price 12s. 6d. net.

The 9th edition of Cunningham's *Manual of Practical Anatomy* is now available for students, and comparison of this edition with previous ones leaves no doubt that it will maintain its almost universal use throughout English-speaking medical schools. Confident as we feel that the general excellence of the book has been maintained and even considerably improved in a number of ways—for instance, by additional X-rays and drawings, by the additions and changes in arrangement of sections dealing with the male and female pelvis—yet in spite of such improvements we cannot but feel that the book is becoming something more than its title *Manual of Practical Anatomy* indicates. One is left with the feeling that its pretensions are greater than those of the earlier editions; that it attempts to provide the student with a complete account of what he should know of the naked-eye structure of the human body.

One feels that the student provided with this *Manual* of 1434 pages (small in size and large in print admittedly) will consider that all his needs in gross anatomy are fulfilled. Every anatomist will agree that a student so trained can have only a poor understanding of human anatomy, almost devoid of ontogenetical, morphological and evolutionary background; and deprived of this proper approach the student's memory of topography will inevitably fail him later in his clinical studies and practice.

The criticism is that the authors (past and present) have tried to make the book too much. A brief and concise book of dissecting instructions, guiding hints and advice directing observation along the right lines in the dissecting-room is required, together with a larger text-book treating with the science of human anatomy, of such a nature that it will give the student a rational understanding of the subject, one part of which he has been learning to visualize in the dissecting-room.

Anatomy cannot be wholly learnt in the dissecting-room, and it is our criticism that the new edition of Cunningham's *Manual* tends to encourage such a procedure.

However, this objection is rather an idealistic one, and so complete, so orderly, so well illustrated has the *Manual* gradually become that we prophesy an increase rather than diminution in the almost universal hold that the book has in British medical schools.

THE COLLECTED PAPERS OF ST. MARK'S HOSPITAL, LONDON: CENTENARY VOLUME, 1835-1935. (H. K. Lewis & Co., Ltd., 1935.) Price 30s.

"The Infirmary for the Relief of the Poor afflicted with Fistula and other Diseases of the Rectum", founded at 11, Aldersgate St. in 1835, was the forerunner of what is now St. Mark's Hospital, and it is to the founder, Frederick Salmon, who received his medical education at St. Bartholomew's Hospital, that the patients who have attended there owe a very real debt. Starting at first with seven beds and moving in three years to Charterhouse Square where there were fourteen beds, the hospital gradually grew until in 1851 it was moved to its present site in the City Road.

The present volume, commemorating the centenary, includes a list of the staff, a short history and the appeal issued a century ago on behalf of the hospital, and the remainder of the book is given up to papers published by past and present members of the staff, comprising what really amounts to a very complete work on Proctology, not omitting the history of the subject as illustrated by papers such as Salmon's on "Strictures of the Rectum", a description of his operation for ligature of internal hemorrhoids and "Inflammation of the Rectum" by Sir Alfred Cooper.

An eyewitness's account of a visit to the hospital in 1857 states that "the beds are twenty-five and constantly full," and discusses briefly the various conditions commonly treated. It emphasizes the safety of ligature of internal piles, which "ought never to be excised on account of the risk of uncontrollable hemorrhage."

Among the more recent papers attention is drawn to the Presidential Address of Mr. Swinford Edwards on the formation of the British Proctological Society in 1913, and papers in particular by Mr. Lockhart Mummery and Sir Charles Gordon-Watson. Of the contributions of the former the sections on perineal excision of the rectum and the aetiology of diverticulitis are particularly valuable, while the latter's "Progress in Rectal Surgery" is a very complete survey of the whole subject. Of the remainder the contributions of Mr. Gabriel on "Perineo-Abdominal Excision" and Mr. Cuthbert Dukes on "The Pathology of Cancer of the Rectum" are perhaps the best-known, and the latter's study of polyposis intestini or multiple adenomata is magnificently set out.

The whole book in fact is excellently produced, and should be invaluable to anyone who is interested in any aspect of rectal surgery. The medical committee, indeed, are to be congratulated on such a welcome addition to the literature on a subject so important not only to the surgeon and specialist but to the practitioner, who meets cases in this domain every day.

HEAD INJURIES. By L. BATHE RAWLING, M.B., B.Ch., F.R.C.S. Pp. 86, with 22 illustrations. (Oxford University Press, 1934.) Price 7s. 6d. net.

When Mr. Rawling left us in 1933 we understood that he had forsaken surgery for ever and was intending to spend his retirement engaged in deep sea fishing off New Zealand. His return to the realm of medical literature has therefore doubly surprised and delighted us.

To be able to write a book on Head Injuries while in the Balearic Isles is no mean accomplishment, and L. B. R. is to be congratulated on this new achievement.

His old students and dressers will welcome this book which is certain to earn for itself a reputation second only to its twin brothers *Landmarks and Surface Markings* and *Stepping Stones to Surgery*. The eighty-odd pages are filled with sound common sense gained only by a lifetime's experience in this particular subject. The main interest of this book will be for those General Practitioners who are called to the constant stream of accidents which turn our national highways into a modern battlefield. It is so easy to forget the essential features of head injuries, but this work will fill a much-needed position in providing a concise account of the important facts.

A TEXT-BOOK OF MEDICINE FOR NURSES. By E. NOBLE CHAMBERLAIN, M.D., M.Sc., M.R.C.P. (Oxford Medical Publications.) Pp. 444. Price 20s.

The second edition of this book has become necessary owing to advances made in medicine since the publication of the first edition three and a half years ago. Within the compass of 444 pages is found an adequate account of medical knowledge from the nurses' standpoint. The style is admirably clear and concise, difficult explanations being successfully accomplished with the minimum of words. The various medical diseases receive adequate descriptions of their pathology, symptomatology and treatment. There are, in addition, special chapters on Dietetics and Therapeutics, the latter being brought into accordance with the new *British Pharmacopoeia*. There are admirable coloured plates illustrating some of the commoner infectious fevers. The illustrations and photographs are plentiful and clear. It would be difficult to find another book which in so comparatively small a space deals as adequately with so large a subject.



## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ABRAHAMS, ADOLPHE, O.B.E., M.D., F.R.C.P. "The Vitamins in Health and Disease." *Practitioner*, May, 1935.
- BACH, FRANCIS, M.A., M.D. *The Rheumatic Diseases: their Recognition and Treatment*. London: Cassell & Co., 1935.
- BOURNE, GEOFFREY, M.D., F.R.C.P. "Symptomatology of Cardiac Pain." *British Medical Journal*, June 1st, 1935.
- "Thyrototoxic Heart Disease." *British Medical Journal*, June 22nd, 1935.
- CHANDLER, F. G., M.D., F.R.C.P. "Cancer of the Lung." *British Medical Journal*, June 29th, 1935.
- COCKAYNE, E. A., D.M., F.R.C.P. "Favourite Prescriptions. V. The Pharmacopoeia of the Middlesex Hospital." *Practitioner*, May, 1935.
- COLT, G. H., M.B., B.Ch., F.R.C.S. (and RAMSAY, ISOBEL S. W., M.B., Ch.B.(Aberd.), and MORRISON, MARGARET M. M., M.B., Ch.B.). "The Injection Treatment of Varicose Veins: Some Late Results and the Question of Recurrence." *British Medical Journal*, July 13th, 1935.
- COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. "The Muruts of North Borneo: Malaria and Racial Extinction." *Lancet*, May 25th, 1935.
- CUMBERBATCH, ELKIN P., M.A., B.M., B.Ch., D.M.R.E.(Camb.), F.R.C.P., and HARMER, W. DOUGLAS, M.Chir., F.R.C.S. "Fulguration and Electro-Desiccation." *Practitioner*, July, 1935.
- FRANCIS, CLEMENT, M.A., M.B., B.Ch. "Hay-fever and its Treatment." *Practitioner*, May, 1935.
- GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. (and DODD, HAROLD). "Observations on Fistula-in-Ano in Relation to Perianal Intramuscular Glands: With Reports on Three Cases." *British Journal of Surgery*, April, 1935.
- HALL, SIR ARTHUR, M.A., M.D., D.Sc.(Hon.), F.R.C.P. "Prognosis in Epidemic Encephalitis, Acute and Chronic." *Lancet*, July 20th, 1935.
- HARMER, W. DOUGLAS, M.Chir., F.R.C.S. See Cumberbatch and Harmer.
- HATTERSLEY, S. M., Major, M.C., R.A.M.C. "Disposal of Waste Water." *Journal Royal Army Medical Corps*, June, 1935.
- HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Radiology and Practical Medicine." *Practitioner*, July, 1935.
- KNIGHT, G. C., M.B., F.R.C.S. "Sympathectomy in the Treatment of Achalasia of the Cardia." *British Journal of Surgery*, April, 1935.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "Progress in Medicine during the past Twenty-five Years." *British Medical Journal*, May 4th, 1935.
- "The Progress of Endocrinology." *Medical World*, May 3rd, 1935.
- LEVITT, W. M., M.D., M.R.C.P., D.M.R.E.Camb. "Deep X-ray Therapy in Malignant Disease." *Practitioner*, July, 1935.
- LLOYD, ERIC J., F.R.C.S. "A Director for the Insertion of the Smith-Petersen Nail in Collum Femoris Fractures." *Lancet*, July 20th, 1935.
- McMENEMEY, W. H., M.D., M.R.C.P. (E. C. BURNETT, M.B., and W. H. McM.). "Rupture of the Normal Spleen in Pregnancy." *British Medical Journal*, June 1st, 1935.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. (A. J. SCOTT PINCHIN, M.D., F.R.C.P., and H. V. M.). "Lung Abscesses and their Treatment." *Lancet*, June 15th, 1935.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. (and GUPTA, C. R.). "Hæmatological Studies in Indians. Part I. Hæmoglobin Estimation Methods." *Indian Journal Medical Research*, April, 1935.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. V. The First Successful Operation for Gall-stones in England." *British Journal of Surgery*, April, 1935.
- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The Advance of Medicine during the last Quarter of a Century." *Practitioner*, May, 1935.
- SEDDON, HERBERT J., F.R.C.S. "Pott's Paraplegia: Prognosis and Treatment." *British Journal of Surgery*, April, 1935.
- SHACKMAN, R., M.B., B.S. "Cephalic Tetanus occurring in Civil Practice." *British Medical Journal*, July 6th, 1935.

- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "On Osteo-Arthritis in the Dorsal Inter-vertebral Joints." *British Journal of Surgery*, April, 1935.
- "Polyspondylitis Marginalis Osteophytica." *British Journal of Surgery*, April, 1935.
- WHITE, H. D., M.B., B.Ch. "Osteomyelitis of the Maxilla in the Newly-Born." *Archives of Diseases of Childhood*, April, 1935.
- WITTS, Prof. L. J., F.R.C.P. "Gastric Carcinoma with Normal Erythrocyte Sedimentation Reaction." *Lancet*, June 8th, 1935.
- YORKE, Major H. E., M.C., D.M.R. "'Upright' Radiography, with Especial Reference to the Investigation of the Accessory Nasal Sinuses." *British Journal of Radiology*, July, 1935.

## CHANGES OF ADDRESS.

- BERRY, Sir JAMES, Kirby Gate, West Mead, Roehampton, S.W. 15.
- BROWNE, Surg.-Capt. E. MOXON, R.N., P.M.O., R.N. Barracks, Portsmouth, and "Calross", Cranewater Avenue, Southsea.
- JEPSON, W. B., Brunswick House, Cumberland Gate, Kew. (Richmond 0073.)
- LAWRENCE, M. R., China Inland Mission, Newington Green, N. 16.
- MALK, M., 62, Pasteur Chambers, Jeppe Street, Johannesburg, S. Africa.
- NORRISH, R. E., 13, Avenue Road, N. 6.
- RAIT-SMITH, B., 71, Gloucester Place, W. 1. (Tel. Welbeck 4151.)

## APPOINTMENT.

- REES, T. PERCY, M.D., M.R.C.P., D.P.M., appointed Medical Superintendent of Croydon Mental Hospital, Warringham, Surrey.

## BIRTHS.

- MACDONALD.—On June 26th, 1935, to Joan (née Newby-Simonds), wife of Dr. A. Robertson Macdonald, of Queen's Lodge, Queen's Club Terrace, W. 14—a daughter.
- MURRAY SCOTT.—On June 25th, 1935, to Alice Valentine, wife of Dr. J. Murray Scott, of Sunbury—a son (stillborn).
- PERROTT.—On July 1st, 1935, in London, to Louie, wife of Dr. G. F. Donaldson Perrott—a son.

## DEATHS.

- RALSTON.—On June 24th 1935, suddenly, in Johannesburg, Robert Gow Ralston, F.R.C.S., aged 62.
- TAYLOR.—On June 25th, 1935, at Meadowcroft, Cambridge, Charles Henry Shinglewood Taylor, M.D., D.P.H.(Cantab.), aged 52.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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